

**City of Portland, Maine - Building or Use Permit Application**  
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 05-0067	<b>Issue Date:</b>	<b>CBL:</b> 396 F009001
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<b>Location of Construction:</b> 173 Summit St	<b>Owner Name:</b> Place Charles & Jeanne Jts	<b>Owner Address:</b> 173 Summit St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Chuck Place	<b>Contractor Address:</b> 173 Summit St Portland	<b>Phone</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Dwellings	<b>Zone:</b>

<b>Past Use:</b> single family	<b>Proposed Use:</b> change of use from single family to add a subordinate unit for the benefit of elderly (60+ yrs) or handicap person and to add dormer to existing space	<b>Permit Fee:</b> \$501.00	<b>Cost of Work:</b> \$45,000.00	<b>CEO District:</b> 5
<b>Proposed Project Description:</b> to add a subordinate unit to single family for the benefit of elderly (60 yrs +) or handicap person and to add dormer.		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 01/19/2005	<b>Zoning Approval</b>		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>  Date:	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretatio  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  Date:	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <input type="checkbox"/> Denied  Date:

**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

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SIGNATURE OF APPLICAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHO \_\_\_\_\_

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT \_\_\_\_\_ DATE \_\_\_\_\_ PHO \_\_\_\_\_

<b>Location of Construction:</b> 173 Summit St	<b>Owner Name:</b> Place Charles & Jeanne Jts	<b>Owner Address:</b> 173 Summit St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Chuck Place	<b>Contractor Address:</b> 173 Summit St Portland	<b>Phone</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Change of Use - Dwellings	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 02/01/2005

**Note:** ZBA conditional use approved on 11/4/04

**Ok to Issue:**

- 1) If this subordinate unit can not be occupied by an elderly person 60 years or older, or by a handicap person, the approved unit is no longer legal and shall be removed.
- 2) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 3) This property shall remain a single family dwelling with a subordinate unit for the benefit of elderly (60 yrs +) or handicap person. Any change of use shall require a separate permit application for review and approval.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 02/10/2005

**Note:** 1/20/05 gave to Donna as this is for an additional dwelling unit and needs a conditional use appeal. Jmb  
2/3/05 spoke w/Chuck P. About design specs and required items. He will submit.

**Ok to Issue:**

- 1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.
- 2) Separate permits are required for any electrical, plumbing, or heating.

### CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

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SIGNATURE OF APPLICAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

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PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

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DATE

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